

Running Head: DISCRIMINATION, PSYCHOPATHOLGY, AND RACIAL SOCIALIZATION

# Perceived Discrimination, Psychopathology and Racial Socialization in Preschool-Aged Children

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Abstract:

The aim of this study was two-fold; the first was to gauge Black and White children's exposure to discrimination and the impact on their well-being and secondly to take a more in-depth look at black children by looking at the extent that socialization might mitigate the effects of discrimination. Despite adverse conditions, racial/ethnic minority youth, specifically Black youth, demonstrate resilience in the face of adversity. Parents aid in the development of resilience through practices like racial socialization and fostering a safe environment for identity development. Racial socialization has been shown to moderate the effects of discrimination on outcomes like school performance, mood, depression, substance-use, and self-esteem in adolescence. The current study aimed to test the interaction between socialization messages, racial discrimination and age and evaluate the differences in discrimination, vigilance and psychopathology in Black and Nonblack groups. Racial socialization will be measured using the Racial Socialization Questionnaire- Parent Version. Racial Discrimination will be gauged through a proxy of the parents' experiences of discrimination using the Williams Everyday-Discrimination Scale, Major Experiences of Discrimination Scale and the Heightened Vigilance Scale. Psychopathology will be assessed through parent report on the Child Behavior Checklist. Racial socialization did not correlate with age, discrimination exposure or externalizing and internalizing symptoms, providing no evidence that socialization buffers discrimination exposure or is impacted by age. There was no difference in psychopathology, discrimination, and vigilance between Black and Nonblack groups; however, there was a significant relationship between heightened vigilance and

## Discrimination, Psychopathology and Racial Socialization

psychopathology in Black children, and the inverse relationship beginning to form in the Nonblack group, which provides evidence that vigilance operates in different ways within the two groups.

### **Perceived Discrimination, Psychopathology and Racial Socialization in Preschool-Aged Children**

Black families and other ethnic and racial minority families face many challenges when raising their children in a society where racial discrimination continues to impact a sizable portion of minority youth (Grollman, 2012). In addition to interpersonal racism, structural and institutional racism play a role in racial disparities in socioeconomic circumstances. Due to the role that socioeconomic status and poverty plays in mental health, the presence of poverty, especially extreme poverty, increases the opportunity for psychological issues to arise (Williams & Williams-Morris, 2000). Likewise, Black families are more likely to reside to segregated communities, where often crime rates are high and resources are limited. Harsh conditions like poverty and discrimination increase the risk for the development of psychopathology (Jones & Neblett, 2016). Due to these obstacles, guardians of ethnic and racial minority children are tasked with raising productive and healthy human beings with fewer resources and more obstacles than guardians of racial majority youth.

Racism and discrimination function on individual and structural levels. Structural racism is a set of racialized social systems produced and perpetuated by white Americans in order to maintain privilege and status (Bell McDonald & Harvey Wingfield 2009; Bonilla-Silva 1997, 1999). These systems create differential circumstances that affect the social lives of majority and minority racial groups (Bell McDonald & Harvey Wingfield 2009; Bonilla-Silva 1997, 1999; Dulin-Keita, Hannon, Fernandez & Cockerham, 2011). Over time, the institutional nature of racism has become so ingrained that it is no longer dependent on individual actors, and it is now covert and invisible to those who benefit from the system (Bonilla-Silva, 1997; Johnson & Rush, 2000). Despite its covert nature, institutionalized racism is evident when examining the high concentration of minority people in poverty, residential segregation, with unequal access to resources, in academically substandard schools, and in observed health disparities between minority and majority racial groups (Bonilla-Silva, 1999; Feagin & Sikes, 1994; Williams & Collins, 1995; Dulin-Keita et al, 2011). Poverty, exposure to crime, and a lack of resources create unfavorable conditions for the development of minority youth, specifically Black youth, in a way that White or Caucasian youth may not be exposed to in the same numbers.

The aims of this study were two-fold. In a handful of black children, we wanted to examine the relationship between socialization methods, discrimination, vigilance and psychopathology. However, in addition to the the small group of Black family, the study had a slightly larger sample that we used to run comparative analysis on a range of dimensions, like discrimination, vigilance and psychopathology. By situating the study at the intersection of two questions, we were able to gauge Black and White children's exposure to discrimination and the impact on their well-being and take a more in-depth look at black children by looking at the extent that socialization might mitigate the effects of discrimination.

Parents and guardians can help young racial and ethnic minority children develop resilience through many practices and processes such as racial socialization, racial identity development and Afrocentric worldview (Jones & Neblett, 2016). Resilience is defined as the development of resistance to negative events through a variety of protective factors. Protective factors cultivate resilience, but risk factors work conversely (Benzies & Mychasiuk, 2009). Researchers have suggested that socioeconomic status and culture play an important role in resilience for youth (Nettles & Pleck, 1994, Arrington & Wilson, 2000). Protective factors for development, such as racial socialization and racial identity, have been found to buffer the effects of discrimination in black adolescence (Miller & MacIntosh, 1999). Racial socialization and racial identity have been proven to impact how youth interpret their surroundings and ultimately view themselves.

### **Children's Understanding of Race**

Quintana (1998) suggested that there are 5 levels that characterize children's development for understanding race and ethnicity. Race refers to physical, immutable characteristics, while ethnicity refers to shared anthropological features of group such as customs, language, and religion. At the most basic level, children develop racial attitudes, however they do not understand who those attitudes are directed towards and therefore their ability to differentiate racial groups is based almost entirely on those attitudes (Quintana, 1998). This occurs as young as 4 years old for children, especially in White children. Due to racial attitudes greatly shaping children's understanding of race much of their affective differentiation of race is based on pro-White or anti-Black bias. Previous research has found that preschool aged children

## Discrimination, Psychopathology and Racial Socialization

are especially susceptible to pro-White bias, and are more affected by the racial attitudes of their peers not their parents (Hirschfield, 1994). Fishbein (2002) found that white children are able to more accurately identify their racial identity around age four to six, however other racial/ethnic minority children do not choose dolls that reflect their racial identity until age seven. This is consistent with findings from the Doll Study that found that black children preferred and selected light-complected dolls over darker dolls (K. Clark & M. Clark, 1947). Dulin-Keita et al. (2011) hypothesized that this gap in understanding for young children could be a result of the child's awareness of value that is attached to whiteness. Research has found that between the ages four to six, Black children develop a pro-white bias, and pro-black affinities begin to evolve between the ages of seven to eighteen (Fishbein, 2002). This is supported by previous research. Research also suggests socialization by society may undermine parental messages about racial and ethnic minority preschool-aged children. This may be due to parents making the idea of difference more salient to their children (Branch & Newcombe, 1986). However, as highlighted by Dulin-Keita et al. (2011) children experience racial discrimination and are able to characterize those instances as early as 7 years old, so the issue of race can become salient to children early despite parental messages.

### **Racial Socialization**

Stevenson (1994) describes racial socialization as the process by which children acquire a concept of their "unique ethnic and racial identity." Racial socialization occurs within the context of the family and community that a child is raised, and has multiple dimensions. Racial socialization is generally categorized by the five themes, socialization, preparation for bias, self-worth, egalitarian, and negative (Jones and Neblett, 2016). Socialization describes learning about the heritage and history of the race with a positive perspective. Preparation for bias includes focusing on the inequalities that exist between ethnic and racial groups and reflecting on ways to cope with the expression of those inequalities. Self-worth describes prioritizing individual traits rather than traits related to the child's racial or ethnic origins. Egalitarian describes maintaining that equality and harmony can exist amongst differing racial groups. Negative racial/ethnic socialization describes an area of socialization children are taught about their racial or negative group from a negative perspective (Jones & Neblett, 2016). Bentley-Edwards (2015)

constructed a racial socialization questionnaire to adapt to the transforming and dynamic nature race in America in the current age. This study separated attitudes about race into five unique categories that had not fully been reflected using previous measures. These subscales include racial protection, racial stereotyping, old school cultural thinking, bicultural coping, and cultural insights. Racial protection integrates elements of affirmations as well as racial awareness and coping strategies. Racial stereotyping most closely resembles negative racial/ethnic socialization by highlighting a doubt in the intentions and abilities of other black people based on stereotypes. Old school cultural thinking is a subscale based on more clichés related to Black culture. Bicultural coping relates to coping with mainstream society through codeswitching, assimilation, and conflict management. Cultural insights messages are geared toward more traditional coping strategies in the Black community like spirituality (Bentley-Edwards, 2015).

Children's experience with racial socialization is often influenced by the lived experiences of their parents (Hughes & Johnson, 2001). The contextual factor of the caregivers' experience, in addition to the child's environment, impacts the racial and ethnic socialization messages that the child receives. There is evidence that suggests that higher levels of education and income in Black parents translates into increased messages about racial pride and racial barriers in comparison to parents who are less educated and from a low socioeconomic background (Caughy, O'Campo, Randolph & Nickerson, 2002; Hughes & Chen, 1997). Parents who report experiencing more instances of racial discrimination also report offering more messages of preparation for bias. Doucet, Banerjee, and Parade (2016) found that ethnic and racial socialization messages vary based on the experiences related to race and social class of the guardian being interviewed. When Doucet et. al (2016) examined the responses from 26 Black parents and caregivers from working class and middle class backgrounds researchers found that working class parents shared more egalitarian messages with their children than middle class parents.

Doucet et al. (2016) also suggest that the overall promotion of egalitarianism by caregivers was consistent with the idea that parents tailor ethnic and racial socialization messages to a child's age and cognitive development. Traditionally, children's ages have been shown to influence the types of racial messages that parents deliver to their children, where parents and caregivers of younger children provide

more messages about culture and ethnicity compared to older children who receive more messages about mistrust and possible bias (Suizzo, Robinson, & Pahlke, 2008; Hughes & Chen 1999). Caughey et al. (2002) found that the prevalence of racial socialization messages utilized by Black caregivers with children aged three to four and a half in a sample of 200 families was 90 % for messages of racial pride and 64% for messages of promotion of mistrust. Consistent with previous work, Edwards and Few-Demo (2010) found that most mothers reported using egalitarian socialization message to their young children and believed that there was a developmental window for a child's readiness in discussing race and racial discrimination. Mothers described feeling racial socialization was characterized by a power struggle between parental messages and the influence of external factors (Edwards & Few-Demo, 2016). Edwards and Few Demo (2016) examined the effects of intersectionality, or the way that race, class, gender, and sexual messages and images from society coalesce in order to shape policy, law, and institutions. Messages from media and laws and policies affect how mothers choose to parent their children and combat ideals that may negatively affect their child.

### **Racial Socialization and Discrimination**

A sizable body of knowledge details the relationship between discrimination and racial socialization in older children and adolescence (Barr & Neville, 2008; Neblett et al., 2008; Bennett, 2008; Anglin & Wade, 2007; Thompson, Anderson, & Bakeman, 2000; Brown, 2008). The frequency with which one receives ethnic and racial socialization messages is related to certain forms of coping with perceived discriminatory experiences (Scott, 2003). Adolescents that face racial stress or discrimination have better outcomes when they have been prepared for bias that they may face from their peers (Sellers, Copeland-Linder, Martin, & Lewis, 2006). Racial socialization has been shown to serve as a buffer during trials of racial discrimination (Neblett, White, Ford, Phillip, Nguyen, & Sellers, 2008). Youth who receive messages of racial pride and preparation of bias have been found to exhibit more positive emotional outcomes (Davis & Stevenson, 2006). In addition to more positive emotional well-being, studies have found that different racial socialization messages can lead to more mature identity development, increased self-esteem, reduced stress, reduced problem behavior, better academic adjustment, as well as increased



resilience (Barr & Neville, 2008; Neblett et al., 2008; Bennett, 2007; Anglin & Wade, 2007; Thompson, Anderson, & Bakeman, 2000; Brown, 2008). By impacting a child's overall well-being, racial socialization messages act as a buffer for the development of psychopathology in Black adolescents (White-Johnson, Ford & Sellers, 2010).

Rivas-Drake, Hughes, and Way (2009) found ethnic discrimination from adults and peers was associated with more negative perception of one's ethnic identity, while racial socialization and beliefs about ethnic identity were more substantial for those who reported higher levels of discrimination in early adolescence. Discrimination, racism, and racial socialization have the ability to affect multiple aspects of an adolescent's self-concept, which is evident from the numerous domains that are affected when an individual experiences racism. Likewise, the current study recognizes that many aspects about the self are beginning to develop during ages 4-7. This could mean that preschool children are also affected by racism and discrimination like adolescence or middle school aged children, or that they are not affected by race-related stress because their parents protect them from exposure to race and racism at this stage in their development.

### **The Present Study**

In the current study we planned to investigate how instances of discrimination and racial socialization impact the development of psychopathology in preschool age children. We attempted to examine whether racial socialization functions as a buffer for children who experience some degree of stress or racial discrimination. We hypothesized that for children who experience some degree of stress or discrimination, strong messages pertaining to racial protection will lead to more positive psychological outcomes. Conversely, children who are not exposed to stress or racial discrimination will not be affected positively or negatively by racial socialization methods. Because we were only able to examine these questions in a small number of minority children (N=8) but data from these children were collected as a part of a larger study with majority race kids (N = 22) we additionally explore the differences in black and nonblack groups in discrimination exposure, heightened vigilance and psychopathology, in order to highlight the need for this research and to determine what differences exist outside of socialization

methods. We hypothesized that black families would experience more discrimination and be more vigilant toward possible discrimination than nonblack families. Based on research, reviewed above, that highlights protective factors such as positive racial socialization that are prevalent in black families, we hypothesized that black children would have less psychopathology. Further we explored the association between heightened vigilance and child psychopathology separately for black and nonblack families.

Much research has been conducted on the effects of socialization messages on instances of discrimination in adolescents, however there is a paucity of research about how socialization messages impact young children's experiences of discrimination, especially as it all relates to psychopathology (Jones & Neblett, 2016). Other studies that do examine socialization and its effects in young children have not directly examined how racial socialization may impact children who have been exposed to chronic stress or how a child's mental health is directly impacted by socialization messages.

### **Methods:**

#### **Sample**

The sample of participants consisted of 30 children aged four to seven. The sample was composed of eight children whose parents identified them as Black or African American, one child who was identified as mixed race, with one race being Black or African American, one child identified as Latino or Hispanic, and 18 children identified as White or Caucasian. The gender distribution of the sample was 18 females, 12 males. The participants were sampled from the I2B2 and preexisting listservs associated with the Child Imaging Research on Cognition and Life Experiences (CIRCLE) lab.

#### **Measures**

*Age.* Age will be assessed through parent report of the child's age and date of birth

*Race and Ethnicity.* Participants were asked to identify if their child were Hispanic or Latino or not Hispanic or Latino. Participants were then asked to identify the race of their child.

Choices for race included: White, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian or Pacific Islander, Other, and Multiracial.

*Racial/Ethnic Socialization.* The Cultural and Racial Experiences of Socialization (CARES) questionnaire will be utilized (Bentley-Edwards, 2015). This questionnaire takes a more contemporary approach to socialization and how racial socialization manifests itself particularly in black families. Racial socialization is separated into 5 subscales that include racial protection, cultural insights, racial stereotyping, bicultural coping and old school cultural thinking. Racial protection and racial stereotyping were used as a way to distinguish between positive and negative racial socialization. Racial protection relates to a collection of affirmations, racial awareness, and racial coping strategies. Racial Stereotyping is a more negative form of socialization and has questions that illustrate doubt in both the intentions and capabilities of Black people (Bentley-Edwards, 2015).

*Psychopathology.* Psychopathology was measured using the Child Behavior Checklist (CBCL) for ages (1.5-5) and (6-18). The Child Behavior Checklist is a questionnaire administered to caretakers or professional staff who have contact with children that provides both a list of symptoms and threshold for possible disorders for the child. The version of the CBCL designed for 1.5 to 5 year olds contains 100 questions, while the version designed for children aged 6-18 is 113 questions. The CBCL assesses a multitude of psychological issues that include: depression or withdrawn, somatic issues, behavior or attention problems, etc., but for this study the internalizing and externalizing symptoms t-score were examined most closely.

*Discrimination.* The current study understood that the age of the population in question poses an obstacle when attempting to gather information about complex issues like race and discrimination, therefore researchers will use parent experience as proxy, whereas the amount of

discrimination impacting family/community according to parents' experience served as an example for what types of racial/ethnic stress are in the environment. The Everyday Discrimination Scale and Heightened Vigilance Scale were used to gauge interpersonal discrimination overall and how frequently parents were thinking or distressed about possible discrimination that could occur. The Everyday Discrimination Scale is composed of a list of occurrences of discrimination, and participants are asked to select which identities may have played a role (Williams & Mohammed, 2008). The measure allows participants to choose from a list that includes sexual orientation, gender, and race. For the purposes of this study, all forms of discrimination (race, gender, sexual orientation) were considered together. Discrimination exposure was defined as the sum of reported discrimination experiences on The Everyday Discrimination Scale. Heightened vigilance was the sum of parents' reported distress or heightened vigilance on the Heightened Vigilance Scale.

## **Procedures**

The current study is situated within a larger experiment that examines developmental pathways associated with adverse childhood experiences. The Child Experiences Study, involves a three-hour data collection protocol. Parents are asked to sit through the DISC, which is a highly structured interview that takes approximately an hour to complete depending on the amount of psychopathology their child has. While the parent is completing the DISC with a research assistant another research assistant begins to administer the VEXR and MNBS, surveys that assess both threats and violence in their environments and parental neglect respectively. After the parent is finished with the structured interview, the parent is asked to complete surveys that assess the home environment and experiences of the parent and child. The measures for the current study are held within the larger survey that includes all other surveys required for both

the Child Experiences Study and the Racial Socialization, Race-related Stress and Psychopathology Study.

### **Analysis**

Descriptive statistics and frequencies were gathered across racial groups, black and nonblack. Correlation matrixes were run between racial socialization subscales and age, and racial socialization and psychopathology in order to determine the relationship between the socialization subscales and age, and the socialization subscales and internalizing and externalizing symptoms. Another correlation matrix was run to determine the relationship between heightened vigilance, a sum of discrimination exposure, and psychopathology. Multiple independent sample t-tests were run in order to determine if there was a significant difference in mean scores for internalizing symptoms, externalizing symptoms, discrimination exposures, and heightened vigilance between black and non-black groups.

### **Results**

The mean age of the entire sample was 5 years 11 months old. Ages of participants ranged from 4 years 4 months old to 7 years 11 months old. The mean internalizing scores for the entire sample was 46.15. The mean externalizing scores for the entire sample was 46.56. The clinical threshold for internalizing and externalizing problems using the CBCL is 65, so a score below that indicates a healthy range. The mean internalizing t-score for nonblack children was 47.05 with a standard deviation of 10.88, and the internalizing t-score for black children was 44.0 with a standard deviation of 14.94. However there was no significant difference between those means  $f(1,28)=0.33$   $p>0.05$ . The mean externalizing score for nonblack children was 46.79 with a standard deviation of 11.23, and the mean externalizing score for black children was 46.0

with a standard deviation of 12.96. There was no significant difference between mean externalizing scores of black and non black children  $f(1,28)=0.58$   $p>0.05$ .

The sample most frequently reported no or very little exposure to discrimination, with 21 participants reporting less than 5 instances of discrimination in their lifetime, and 7 participants reporting 6 or more instances of discrimination in their lifetime. The range of discrimination exposure ranged from 0, or having experienced no discrimination, to 22, having experienced a lot of discrimination. The mean report of discrimination was 4 instances for the entire sample. Parents of nonblack children reported an average of 4.45 total instances of discrimination, and parents of black children reported an average of 2.9 total instances of discrimination. There were no significant differences between the nonblack and black groups  $f(1,29) = 0.56$   $p>0.05$ . The source of discrimination was not considered for preliminary results.

Age had a nonsignificant correlation with racial protection  $r(7)=0.50$   $p>0.05$  and cultural insights  $r(7)=0.389$   $p>0.05$ . There were no significant correlations between racial socialization subscales and internalizing or externalizing symptoms. There were also no significant relationships between racial socialization and discrimination exposure. An exploratory analysis was conducted after running correlations for age, discrimination and racial socialization to further understand the results. A correlation matrix was created using the subscales from the CARES racialization questionnaire in order to understand the evaluate how related the subscales are to one another. Racial stereotyping was significantly correlated with bicultural coping  $r(7)=0.961$   $p=0.001$  and old school cultural thinking  $r(7)=0.917$   $p=0.004$ . Racial stereotyping and racial protection were correlated at approaching significant levels  $r(7)=0.745$   $p=0.055$ . The cultural insights subscale was not correlated with any of the other subscales.

When describing heightened vigilance related to discrimination, black parents reported a mean score of 7.62, while non-black parents reported a mean score of 6.0. There was no significant difference between the means for heightened vigilance between groups  $f(1,29)=0.00$   $p>0.99$ , however heightened vigilance did significantly correlate to internalizing symptoms  $r(8)=0.768$   $p=0.029$  and externalizing symptoms  $r(8)=0.892$   $p=0.003$  in black children. In nonblack children there was a nonsignificant negative correlation between heightened vigilance and internalizing symptoms  $r(22)=-0.277$   $p>0.05$  and externalizing symptoms  $r(22)=-0.179$   $p>0.05$ . For the full sample and for the nonblack group heightened vigilance was positively correlated with discrimination exposure  $r(30)=0.497$   $p=0.005$ ,  $r(19)=0.569$   $p=0.006$ . This same relationship did not exist in black families  $r(8)=0.393$   $p>0.05$ .

## Discussion

The sample was a relatively healthy sample, with both internalizing and externalizing symptom t-scores being well below the clinical threshold of 65. There was no significant difference between black and nonblack children's internalizing and externalizing symptom t-scores means. This could be due to the overall health of the sample that would hinder the expression of differences between groups, or it could signal that black children and non-black children experience the same levels of psychopathology despite external factors like differences in parenting and racial socialization.

Racial socialization was not significantly related to age, heightened vigilance, or exposure to discrimination. Many of the socialization subscales were significantly related to each other. The study initially conceptualized that racial protection was a more positive form of socialization while racial stereotyping was a more negative approach, based off of the ideals that

both subscales were trying to test. Instead, however racial protection was not only related to bicultural coping and old school cultural thinking, but had an almost significant positive relationship with racial protection as well. The CARES conceptualizes racial socialization in much more multidimensional way than more traditional measures. Three out of the five subscales contain some sense of anger or distrust, either towards the in-group or out-group. The lack of difference between measures suggests that the correlations between the subscales will not vary substantially and that proved to be true for this data set.

In the full sample and in nonblack families, discrimination exposure was positively correlated to heightened vigilance or distress pertaining to discrimination. This provides evidence that nonblack populations' awareness and distress pertaining to discrimination rises in direct response to actual discrimination exposure. The finding that discrimination does not correlate with vigilance in black population provides evidence that awareness and stress pertaining to discrimination could be more linked to the overall racial climate of their environment versus their actual encounters with discrimination. This finding suggests that black parents do not rely on discrimination exposure to occur before they become aware or distressed about the possibility of discrimination for their children.

Heightened vigilance is significantly linked to internalizing and externalizing symptoms in black children, not in the general sample or the nonblack sample. Discrimination exposure however does not significantly correlate to psychopathology. One possible explanation for this finding is that heightened vigilance or distress about possible discrimination is a better gauge of the child's environment versus the parents' actual experiences of discrimination when it comes to what is affecting children's level of psychopathology. Another possible explanation could also be that the awareness and distress about possible discrimination translates into parenting which



affects psychopathology in their children. The relationship seen in nonblack populations, where heightened vigilance is negatively related to psychopathology, even at a nonsignificant level, could mean that parents knowledge of discrimination in the environment affects relates to a more diverse environment, or that it translates into parenting practices differently than vigilance does in black populations. Nonblack children could also be positively affected by their parents' awareness of possible discrimination based on the nature of their environments.

The findings from the current study do not support the hypothesis that racial socialization will act as a buffer in children who experience some degree of race-related stress, however that seems to be due to the absence of the relationship between socialization and discrimination and socialization and psychopathology. The current did find that heightened vigilance or the awareness or distress about possible discrimination is correlated with psychopathology in black children. This supports the basis of the hypothesis, that believed that there is something about the nature of the environment in which black children are reared that relates to psychopathology. This difference in levels of psychopathology based on vigilance highlights the need to further understand that relationship both in black and nonblack groups. It is possible that the stress related to the possibility for discrimination in the environment is more productive for nonblack children because they may not be directly affected by race-related stress, whereas black children may be more directly affected by the race-related stress that their parents are describing a heightened vigilance or awareness to possible discrimination. The findings from this study also did not support the hypothesis that black participants would have less psychopathology, or that black participants would have more heightened vigilance based on the t-test conducted.

The implications from these findings could directly affect interventions for black and nonblack children. Findings linked to racial socialization acting a buffer between race-related

stress and psychopathology would provide a clear intervention method for children during the age group. Knowing whether or not exposure to messages of affirmations, mixed with messages about distrust of mainstream society, coupled with coping mechanisms is something that young children can understand and benefit from also helps parents' ability to decide and understand how much information they should be exposing their children to from four to seven. Implications related to the significant finding that heightened vigilance in black parents do relate to psychopathology in their child clearly lie in the evidence that black children mental well-being is correlated to their parents' distress related to discrimination in a way that nonblack children are not. More research needs to be completed about this finding, but if there is a link between heightened vigilance in children that is translating into the child's environment and affecting their mental well-being parenting interventions can be created to assess this link.

The current study was limited both by the sample size of the full group and especially the number of black participants in the study. The small amount of participants makes the data more susceptible to the effects of outliers, which may have played a role in the findings associated with racial socialization. One participant had a high score across all of the socialization subscales. Another limitation related to sample relates to the overall health of the sample. Without much psychopathology present in the sample, effects associated with psychopathology may not be as pronounced as they would be in a sample that has more diverse psychopathology range. The use of the CARES in this age range can also be viewed as a limitation for the current study, based on the high correlations between 3 out of the 5 subscales. It conceptualizes racial socialization in much more complex way that may not be the most accurate way to describe socialization for the 4 to 7-year-old age range. We also now understand now that all discrimination exposure cannot be lumped together and compared, so that is something that will

also be changed in the future. Another thing to note about the discrimination measures is that they were measured based on the parents' experiences, meaning that actual discrimination may not have been an accurate gauge of discrimination exposure in the child's environment. The current study understands these shortcomings and plans to take this into consideration for future research.

For future studies, researchers plan to alter the socialization measure as well as add additional measures that capture how parents that may socialize children aged 4 to 7. These measures include items like "I buy my child books where the protagonist of the book reflects his or her ethnic or racial identity" or "I buy my child toys that reflect his or her ethnic or racial identity." Researchers are also interested in capturing the current political moment, through gauging children's awareness of movements like Black Lives Matter and parents willingness to discuss the current racial climate with their children in this age range. Another thing that researcher have considered is gauging whether socialization is proactive or reactive to the parents' experience or concerns expressed by their child filled with anti-black bias, and how that then affects psychological outcomes.

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Table 1: Means, standard deviations, and correlations for CARES racial socialization subscales for black participants.

	<b>M</b>	<b>SD</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
1. Racial Protection	9.0	6.0	1				
2. Racial Stereotyping	2.6	2.8	0.75	1			
3. Old School Cultural Thinking	4.8	3.8	0.79*	0.96**	1		
4. Bicultural Thinking	2.8	2.9	0.68	0.92**	0.94**	1	
5. Cultural Insights	4.1	2.3	0.58	0.61	0.60	0.43	1

\*Significant at 0.05 level \*\* significant at 0.01 level

Table 2: Correlations between CARES racial socialization subscales and children's age in black participants

	1	2	3	4	5	6
1. Racial Protection	1					
2. Racial Stereotyping	0.75	1				
3. Old School Cultural Thinking	0.79*	0.96**	1			
4. Bicultural Thinking	0.68	0.92**	0.94**	1		
5. Cultural Insights	0.58	0.61	0.60	0.43	1	
6. Age	-0.18	0.50	0.09	0.5	-0.18	1

\*Significant at 0.05 level \*\* significant at 0.01 level

Table 3: Correlations between CARES racial socialization subscales, externalizing symptoms, and internalizing symptoms in black participants.

	1	2	3	4	5	6	7
1. Racial Protection	1	-	-	-	-	-	-
2. Racial Stereotyping	0.75	1	-	-	-	-	-
3. Old School Cultural Thinking	0.79*	0.96**	1	-	-	-	-
4. Bicultural Thinking	0.68	0.92**	0.94**	1	-	-	-
5. Cultural Insights	0.58	0.61	0.60	0.43	1	-	-
6. Externalizing Symptoms	0.19	-0.32	-0.38	-0.12	0.20	1	-
7. Internalizing Symptoms	0.50	0.16	0.11	0.39	0.01	0.77**	1

\*Significant at 0.05 level \*\* significant at 0.01 level

Table 4: Correlations between parents' heightened vigilance and discrimination exposure and their children's internalizing and externalizing symptoms in the whole sample.

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
1. Heightened Vigilance	1	-	-	-
2. Discrimination	0.49**	1	-	-
3. Externalizing Symptoms	0.18	0.01	1	-
4. Internalizing Symptoms	0.10	0.04	0.77**	1

\*Significant at 0.05 level \*\* significant at 0.01 level

Table 5: Correlations between parents' heightened vigilance and discrimination exposure and their children's internalizing and externalizing symptoms in the nonblack participants.

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
1. Heightened Vigilance	1	-	-	-
2. Discrimination	0.56**	1	-	-
3. Externalizing Symptoms	-0.18	-0.15	1	-
4. Internalizing Symptoms	-0.28	-0.01	0.78*	1

\*Significant at 0.05 level \*\* significant at 0.01 level

Table 6: Correlations between parents' heightened vigilance and discrimination exposure and their children's internalizing and externalizing symptoms in black participants.

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
1. Heightened Vigilance	1	-	-	-
2. Discrimination	0.39	1	-	-
3. Externalizing Symptoms	0.89**	0.36	1	-
4. Internalizing Symptoms	0.76*	0.09	0.76*	1

\*Significant at 0.05 level \*\* significant at 0.01 level

Table 7: Means, standard deviations, and one-way analysis of variations between black and nonblack participants and discrimination exposure and vigilance about potential discrimination.

	Black		Nonblack		F (1, 29)	p
	M	SD	M	SD		
Heightened Vigilance	7.63	5.27	6.04	4.91	0.00	0.99
Discrimination	2.88	4.32	4.45	5.56	0.56	0.46

Table 8:

Means, standard deviations, and one-way analysis of variations between black and nonblack participants and internalizing and externalizing symptoms in children.

	Black		Nonblack		F (1, 29)	p
	M	SD	M	SD		
Internalizing Symptoms	44.00	14.95	47.05	10.89	0.33	0.57
Externalizing Symptoms	46.00	12.96	46.79	11.21	0.58	0.45



Figure 1: This figure shows the relationship between heightened vigilance and internalizing symptoms in black and nonblack children. In black children, parents' heightened vigilance is positively correlated with internalizing symptoms. In nonblack children, parents' heightened vigilance is negatively related to internalizing symptoms.

Figure 2: This figure shows the relationship between heightened vigilance and externalizing symptoms in black and nonblack children. In black children, parents' heightened vigilance is positively correlated with externalizing symptoms. In nonblack children, parents' heightened vigilance is negatively related to externalizing symptoms.

Figure 1:

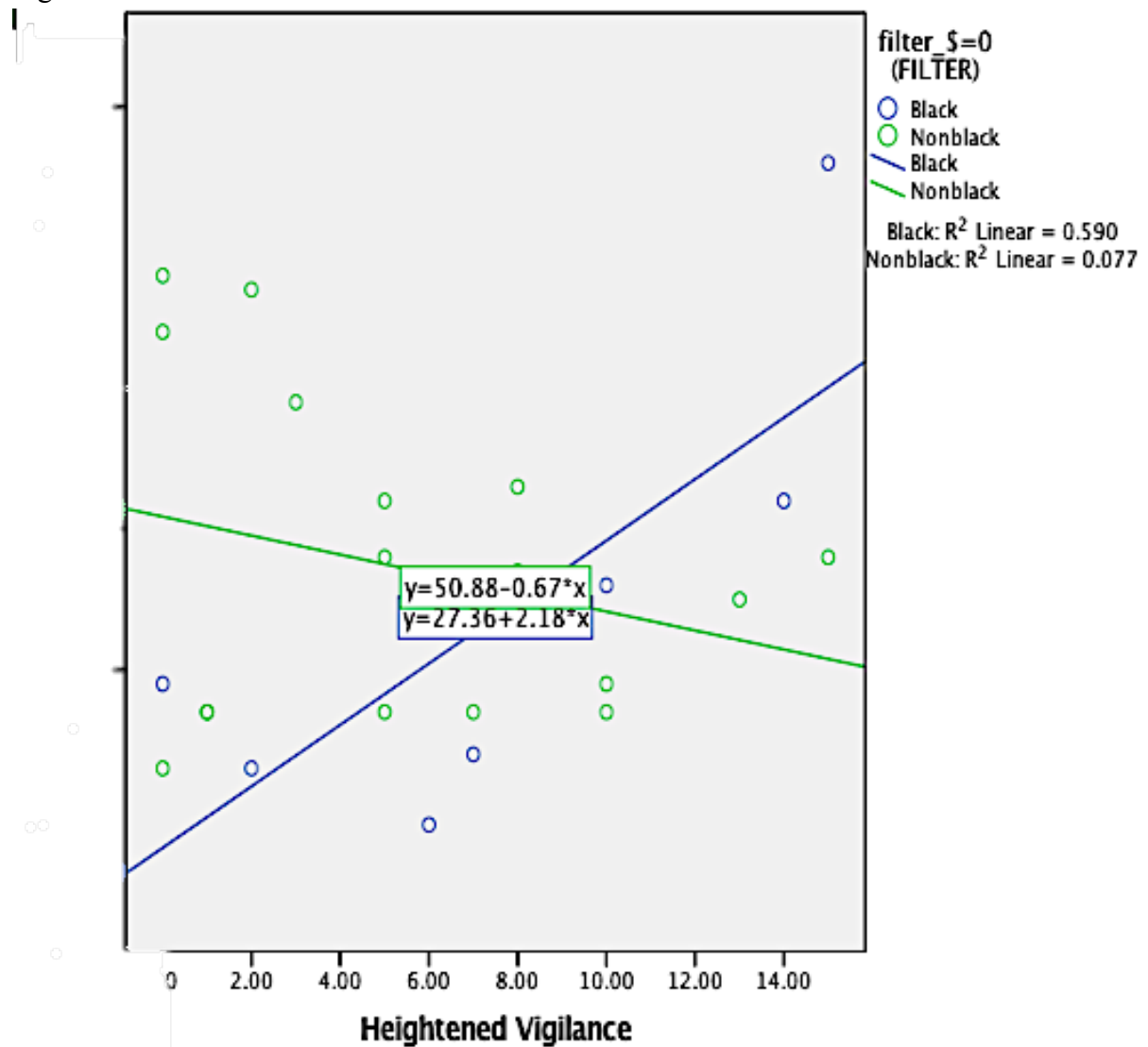


Figure 2:

